

Name  
in  
Full

Edward Bozman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |                             |                          |          |         |       |          |        |
|--|-----------------------------|--------------------------|----------|---------|-------|----------|--------|
| Town   | Dencias Quailly Somerset    |                          |          | County  |       |          |        |
| Died at  | Date of death 1908          | Month July               | Day 20th | Age 36. | Years | Months 7 | Days 8 |
| Sex Male   | Color or Race White         | Birth-place Somerset Co. |          |         |       |          |        |
| Married, Single or Widowed Married               | Occupation Farmer           |                          |          |         |       |          |        |
| Name of Wife or Husband Janis M. Streetor        |                             |                          |          |         |       |          |        |
| Father's Name                                    | Father's Birthplace         |                          |          |         |       |          |        |
| Mother's Maiden Name                             | Mother's Birthplace         |                          |          |         |       |          |        |
| Name of person giving Information Charles Bozman | How related to deceased Son |                          |          |         |       |          |        |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Nephritis

(no)

How long

6 mos.

Immediate

Asthma

How long

Are the name, age, sex, color, date and place correctly given above?

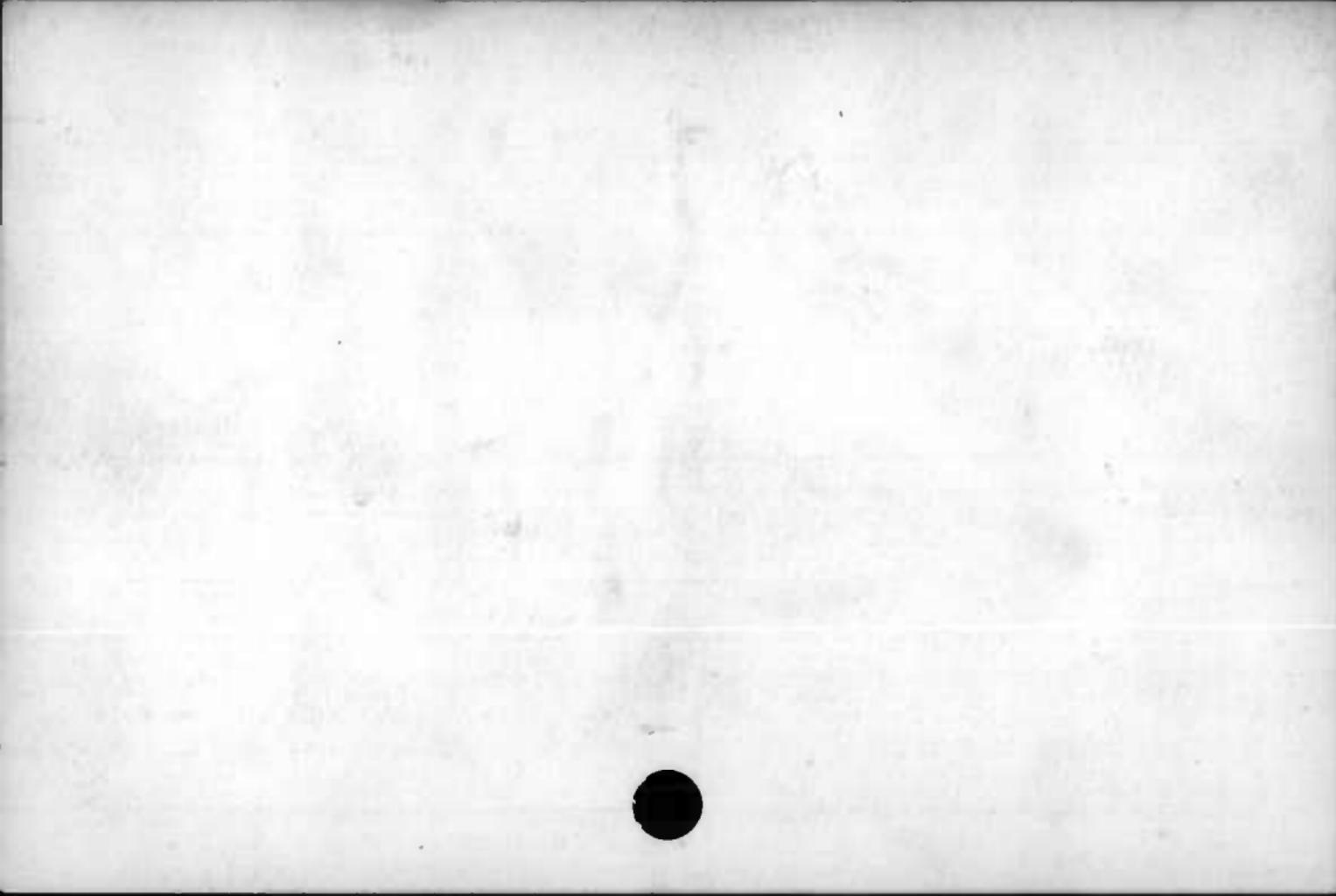
Yes

Signature of Physician

Address

J. J. Windsor  
James Quailly  
Somerset Co.  
Md.

Accident or Suicide?



Name  
in  
Full

Ida Ribess Carroll

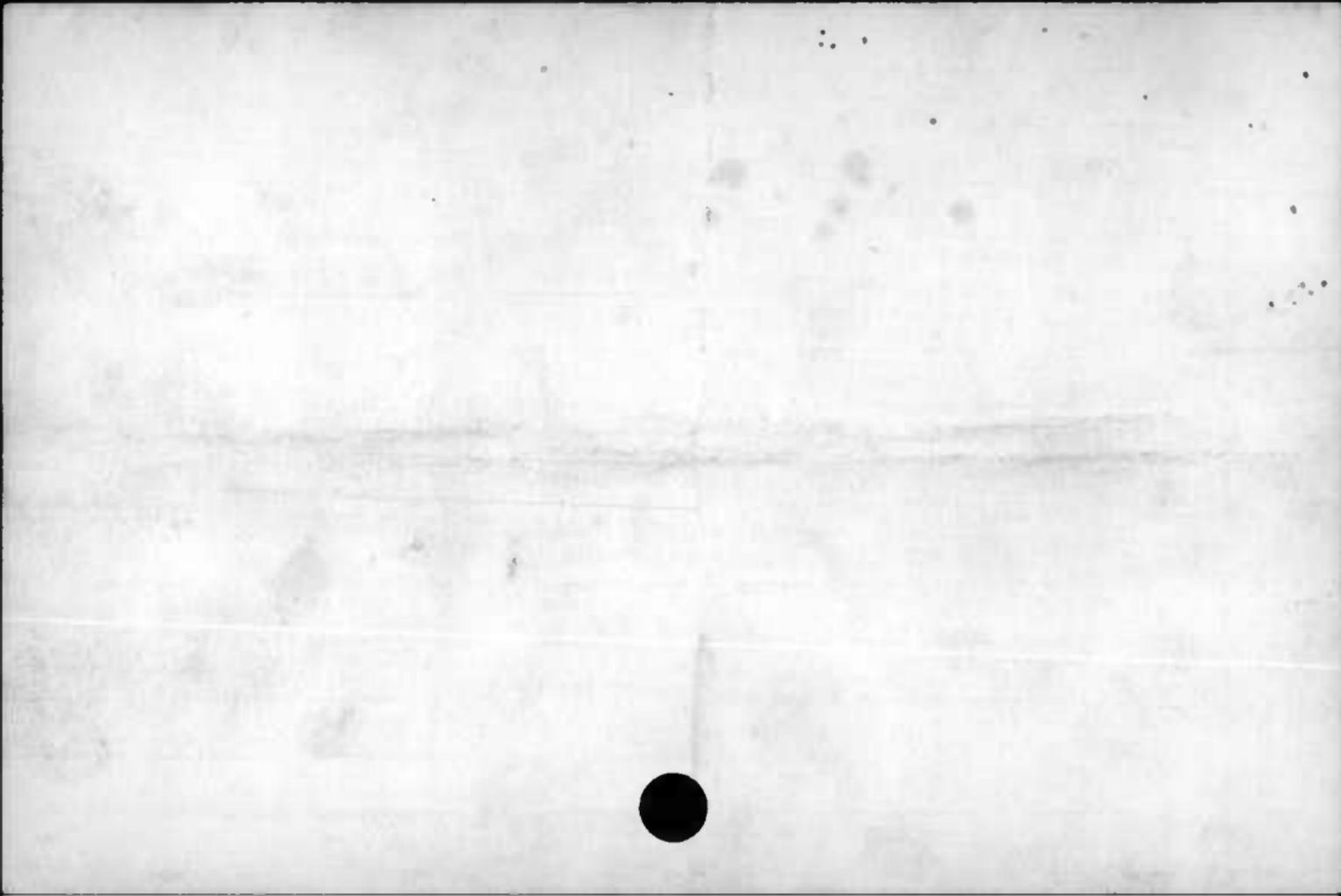
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                         |                |        |      |
|-----------------------------------|---|-------------------------|----------------|--------|------|
| Died at                           | Town                                    | County                  | MARYLAND       |        |      |
| Date of death                     | Month                                   | Day                     | Years          | Months | Days |
| Sex                               | Color or Race                           | Age                     | 58             | —      | —    |
| Occupation                        | Where Residing if not at place of death |                         |                |        |      |
| Married, Single or Widowed        | Married                                 | Name of Wife or Husband | Ida R. Carroll |        |      |
| Father's Name                     | El Johnson                              |                         |                |        |      |
| Mother's Maiden Name              | Sarah Comer                             |                         |                |        |      |
| Name of person giving information | Thomas Bree                             |                         |                |        |      |

CAUSES OF DEATH

|  |           |                          |                        |                             |
|--|-----------|--------------------------|------------------------|-----------------------------|
| PHYSICIAN<br>OR CORONER  | Primary   | Accident during election |                        | How long                    |
|  | Immediate | Draft failure            |                        | 6 hrs                       |
| Are the name, age, sex, color, date and place correctly given above? |           | Yes                      | Signature of Physician | Q-P. Simper M.D.            |
|  |           |                          | Address                | 90 Russell St.<br>Balt. Md. |
| Accident or Suicide?   |           |                          |                        |                             |



Name  
in  
Full

Genevieve Levisor Ely 1/27/1907 CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

|                                   |   |                         |                     |
|-----------------------------------|---|-------------------------|---------------------|
| Died at                           | Town                                    | County                  | MARYLAND            |
| Date of death                     | Month                                   | Day                     | Years               |
| 1905                              | July                                    | 27                      | Age →               |
| Sex                               | Color or Race                           | Birth-place             | Days                |
| female                            | Black                                   | Damascus, Maryland      | 15                  |
| Occupation                        | Where Residing if not at place of death |                         |                     |
| Married, Single or Widowed        | Name of Wife or Husband                 | Father's Name           | Mother's Birthplace |
|                                   | Samuel Ely                              | Samuel Ely              | Damascus            |
| Mother's Maiden Name              | Sarah Curtis                            | Mother's Birthplace     | "                   |
| Name of person giving information | Samuel Ely,                             | How related to deceased | Father              |

CAUSES OF DEATH

Primary

Bronchitis.

How long

Immediate

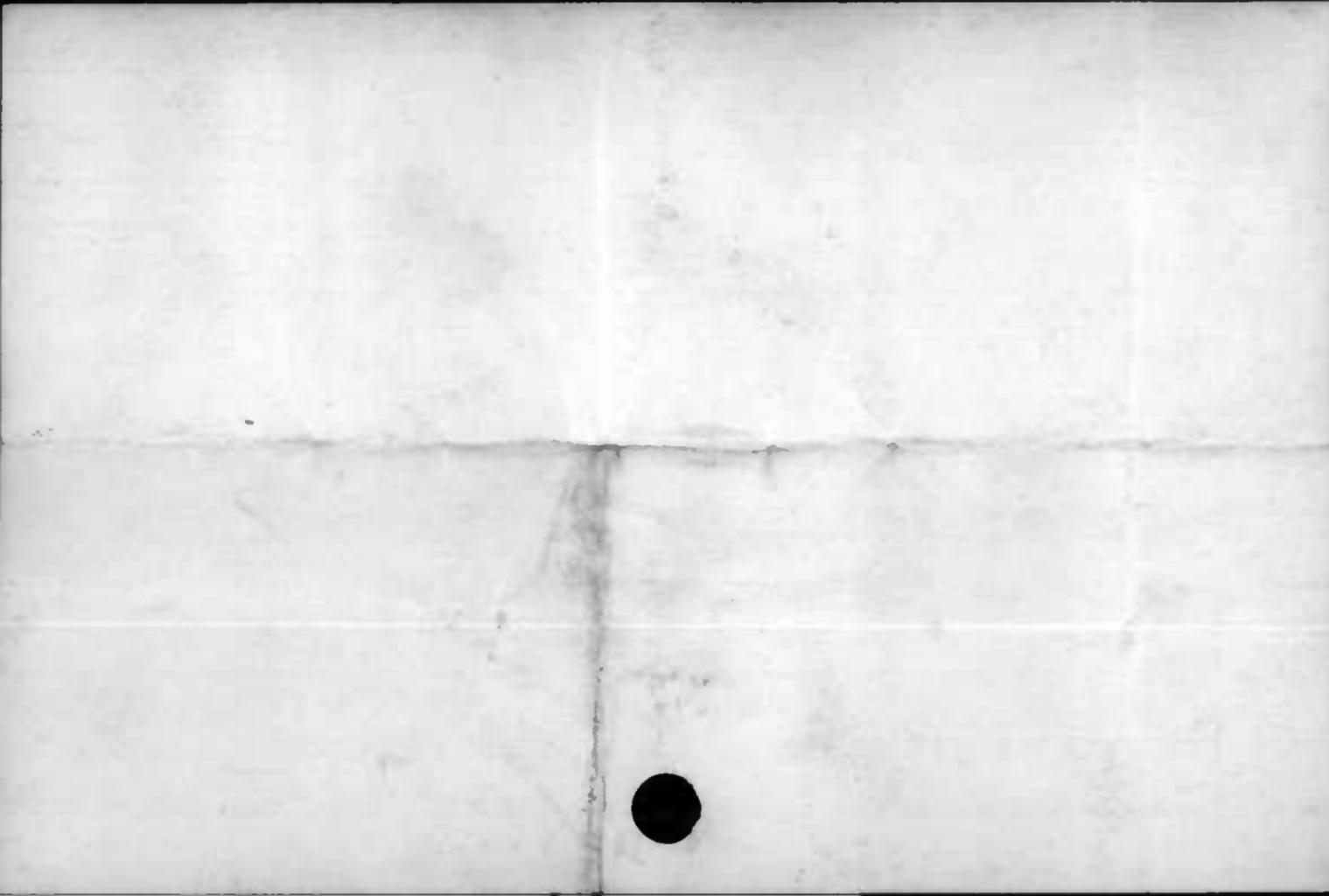
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Raymond Elwood Ennis

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |             |   |                            |
|-----------------------------------|-------------|---|----------------------------|
| Died at                           | Town        | County                                  | MARYLAND                   |
| Date of death                     | Month       | Day                                     | Years Months Days          |
| 1905                              | Jug         | 8                                       | Age 5 23                   |
| Sex                               | Male        | Color or Race                           | white Birth-place Hopewell |
| Occupation                        | —           | Where Residing if not at place of death | —                          |
| Married, Single or Widowed        | —           | Name of Wife or Husband                 | —                          |
| Father's Name                     | Oscar Ennis | Father's Birthplace                     | Kingston N.Y.              |
| Mother's Maiden Name              | Suey Jane   | Mother's Birthplace                     | N.Y.                       |
| Name of person giving information | Oscar Ennis | How related to deceased                 | Father                     |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Enteric Colitis

How long

3 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

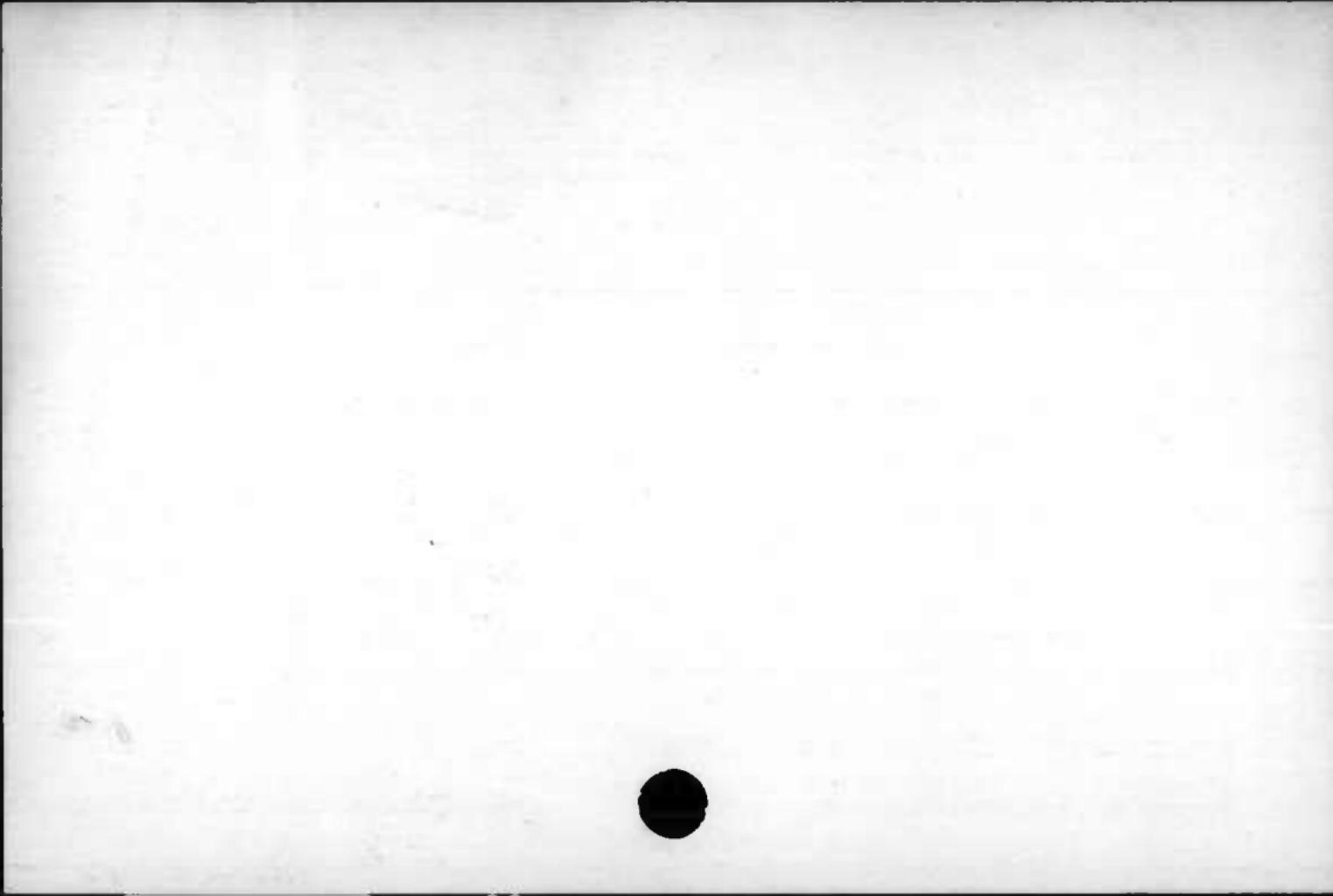
Signature of Physician

W. F. Hall

Address

Accident or Suicide?

✓



Name  
in  
Full

Wilbert Hall

CERTIFICATE OF DEATH

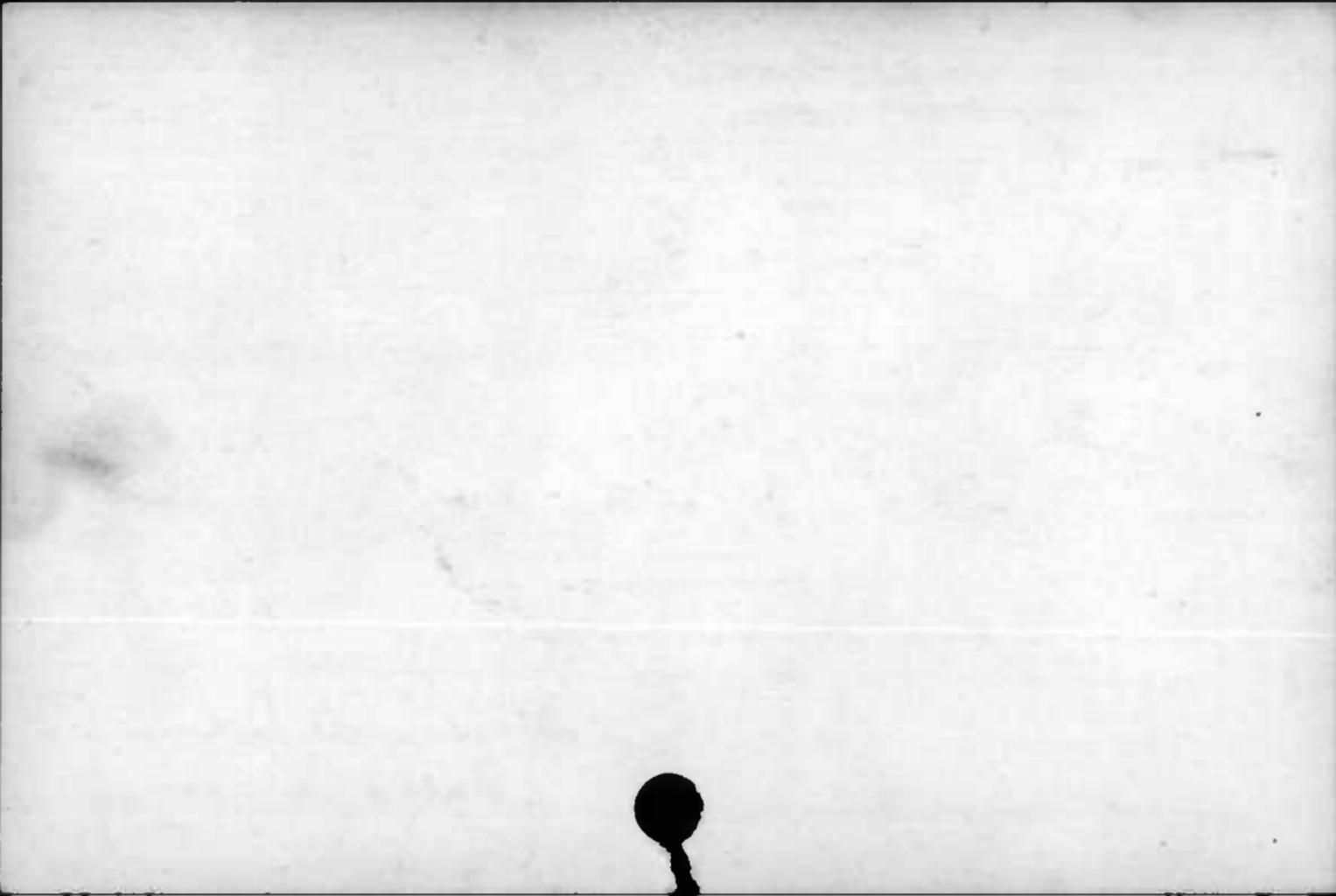
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

|                                   |   |       |       |                         |                  |         |
|-----------------------------------|---|-------|-------|-------------------------|------------------|---------|
| Town                              | County                                  |       |       | MARYLAND                |                  |         |
| Died at Princess Anne             | Somerset                                |       |       |                         |                  |         |
| Date of death 1905 July           | Month                                   | Day   | Years | 2                       | Months           | 21 Days |
| Sex Female                        | Color or Race                           | Black |       |                         |                  |         |
| Occupation                        | Where Residing if not at place of death |       |       |                         |                  |         |
| Married, Single or Widowed        | Name of Wife or Husband                 |       |       |                         |                  |         |
| Father's Name                     | Nathaniel Hall                          |       |       | Father's Birthplace     | Fairmount Md     |         |
| Mother's Maiden Name              | Neonetta Tilghman                       |       |       | Mother's Birthplace     | Princess Anne Md |         |
| Name of person giving information | Mary Tilghman                           |       |       | How related to deceased | Daughter         |         |

CAUSES OF DEATH

|  |               |     |                        |                      |
|--|---------------|-----|------------------------|----------------------|
| Primary  | Ilio-coleitis | 105 | How long               | 5 days               |
| Immediate  | Asthma        |     | How long               | 24 hours             |
| Are the name, age, sex, color, date and place correctly given above? |               | yes | Signature of Physician | Henry M Leake MD     |
|  |               |     | Address                | Princess Anne<br>Md. |
| Accident or Suicide?   |               |     |                        |                      |



Name  
in  
Full

Gordie Holbrook

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                         |   |             |                         |          |
|-----------------------------------|-------------------------|---|-------------|-------------------------|----------|
| Died at                           | Town                    | County                                  | MARYLAND    |                         |          |
| Date of death                     | Month                   | Day                                     | Years       | Months                  | Days     |
| Sex                               | Color or Race           | Where Residing if not at place of death | Birth-place |                         |          |
| Occupation                        |                         |   |             |                         |          |
| Married, Single or Widowed        | Name of Wife or Husband |   |             |                         |          |
| Father's Name                     | allen Holbrook          |   |             | Father's Birthplace     | Hobsonmt |
| Mother's Maiden Name              | Kellie Holbrook         |   |             | Mother's Birthplace     | Hobsonb  |
| Name of person giving Information | Allen Holbrook.         |   |             | How related to deceased | Father   |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary How long

Immediate How long

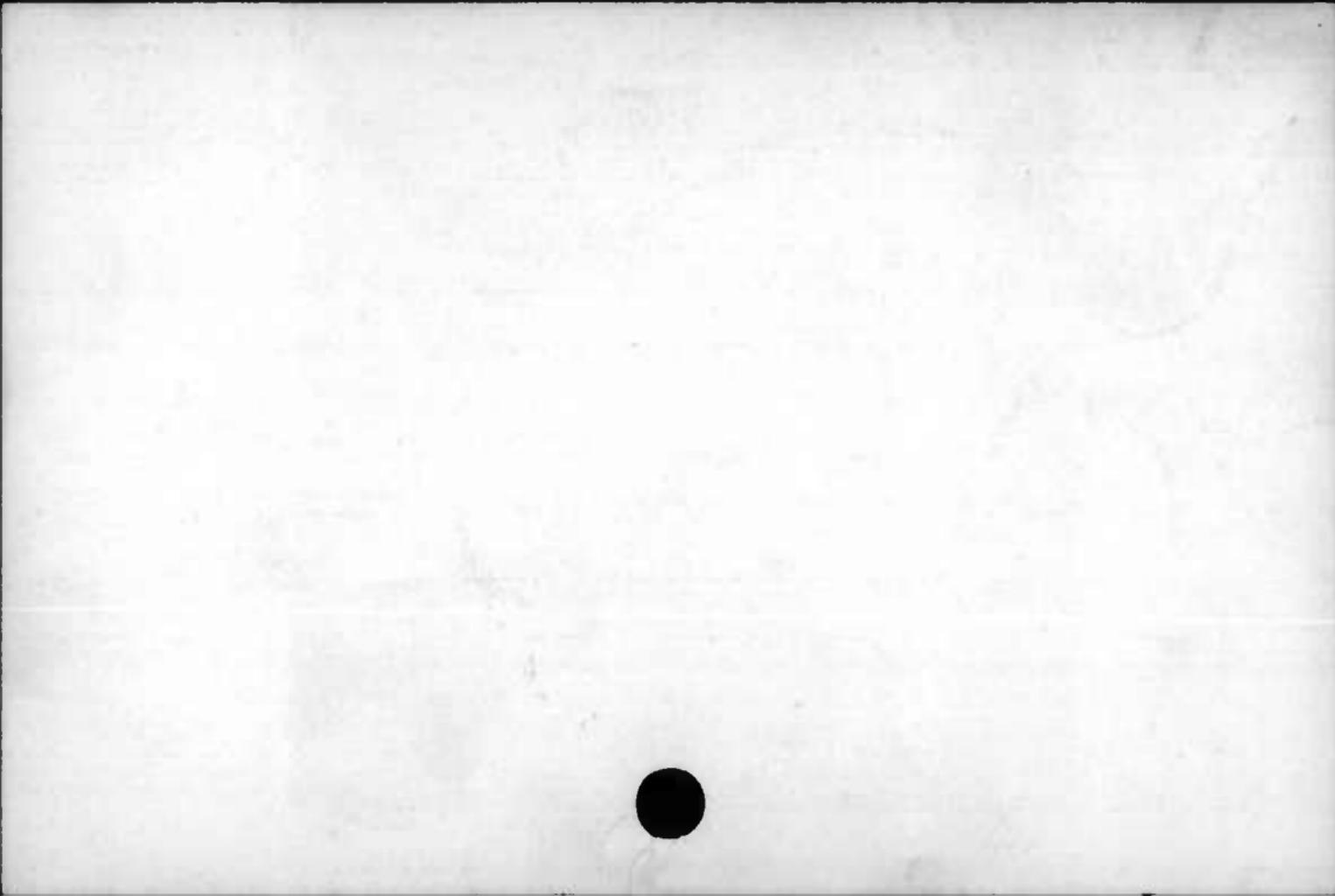
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Dennis  
undertaker

Accident or Suicide?



Name  
in  
Full

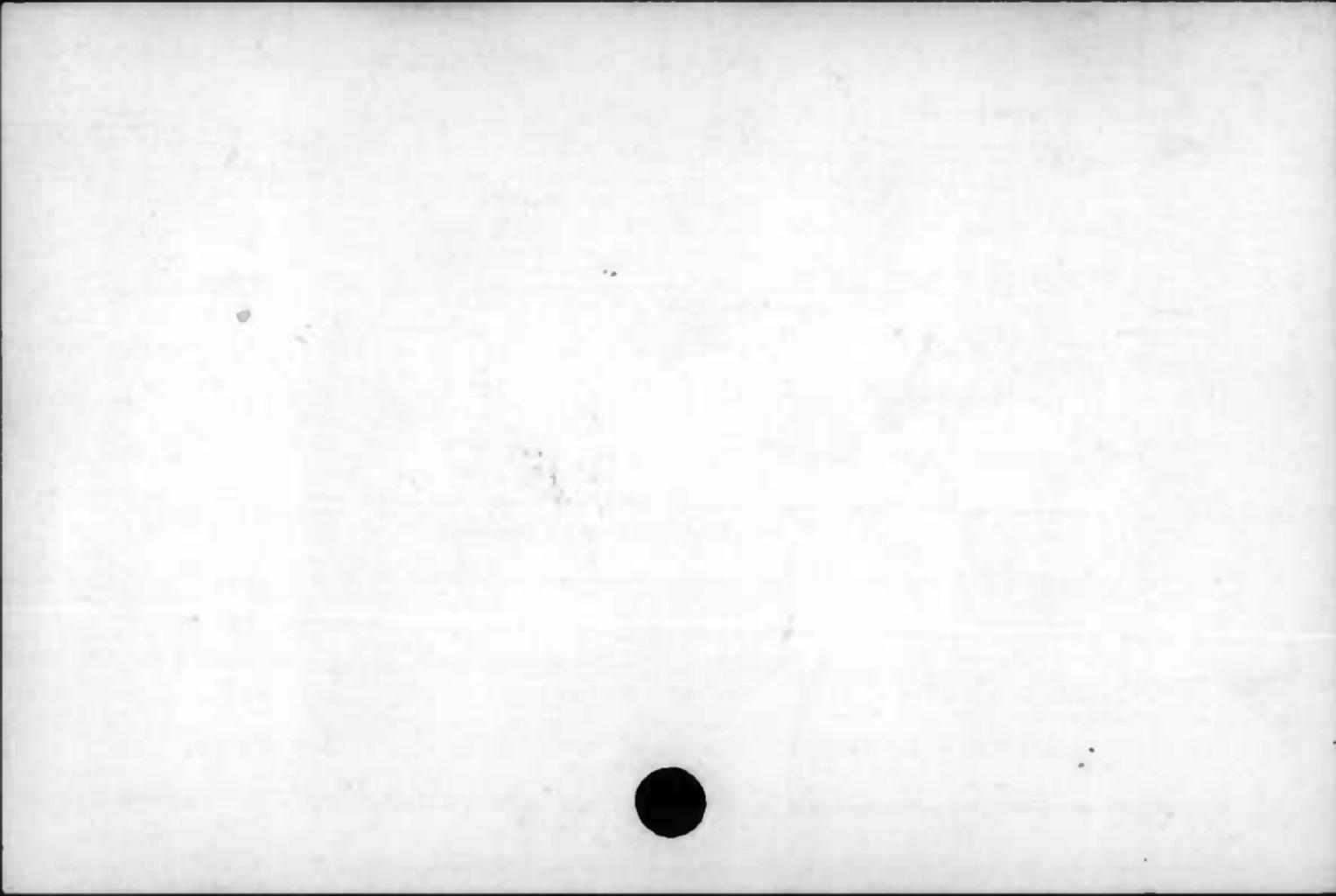
Daniel H Handley

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|   |  |               |                            |             |        |  |
|---|--|---------------|----------------------------|-------------|--------|--|
| Died at   |  | Town          | County                     |             |        |  |
| Date of death   | Month                                      | Day           | Years                      | Months      | Days   |  |
| 1905  | July                                       | 3             | 74                         |             |        |  |
| Sex   | Male                                       | Color or Race | Colored                    | Birth-place | Pearce |  |
| Occupation  | Where Residing if not<br>at place of death |               | Pearce                     |             |        |  |
| Married, Single<br>or Widowed   | Name of Wife or<br>Husband                 |               | Father's Birthplace        | Pearce      |        |  |
| Father's Name   | Harrison Handley                           |               | Mother's Birthplace        | ' "         |        |  |
| Mother's Maiden Name  | Sarah Handley                              |               | How related<br>to deceased | Niece       |        |  |
| Name of person giving<br>Information                                    | Mary Ballard                               |               |                            |             |        |  |
| CAUSES OF DEATH   |  |               |                            |             |        |  |
| Primary   | (179)                                      |               |                            | How long    |        |  |
| Immediate   |  |               |                            | How long    |        |  |
| Are the name, age, sex, color, date<br>and place correctly given above? | Signature of<br>Physician                  |               | James D. Dennis            |             |        |  |
|   | Address                                    |               | Undertaker                 |             |        |  |
| Accident or Suicide?  |  |               |                            |             |        |  |

PHYSICIAN  
OR CORONER



Name  
in  
Full

Elizabeth Hughes Harris col.

CERTIFICATE OF DEATH

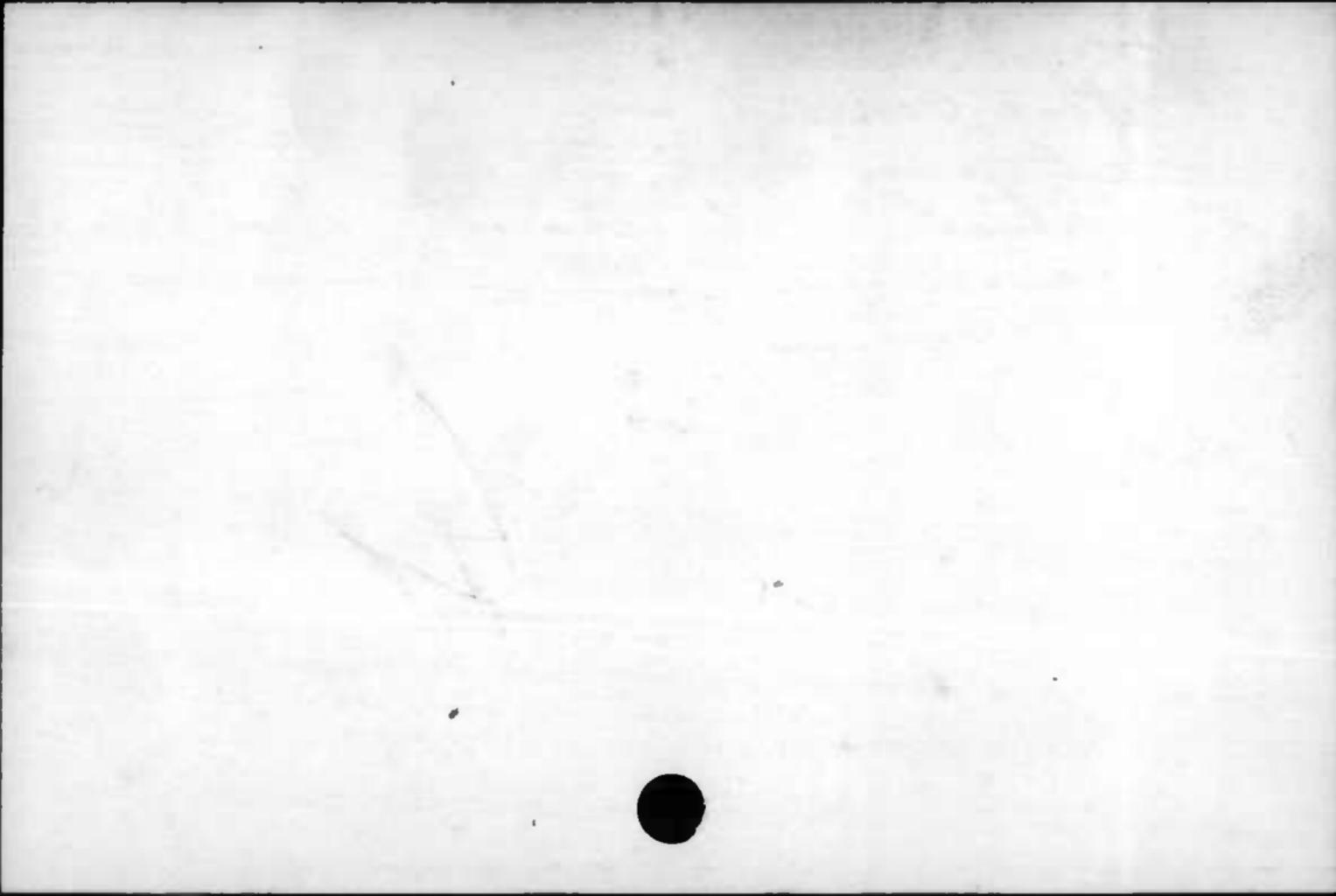
To BE ANSWERED BY  
NEAREST FRIEND

|                                   |             |                 |   |               |      |                         |
|-----------------------------------|-------------|-----------------|---|---------------|------|-------------------------|
| Died at                           | Place       |                 | County                                  | MARYLAND      |      |                         |
| Date of death                     | Month       | Day             | Years                                   | Munths        | Days |                         |
| Sex                               | Female      | Color or Race   | Age                                     | 30            |      |                         |
| Occupation                        | Housewife   |                 | Where Residing if not at place of death | Deal Island - |      |                         |
| Married, Single or Widowed        | Married     | Name of Husband | Edward Harris col.                      |               |      |                         |
| Father's Name                     | John Hughes |                 |   |               |      | Father's Birthplace .   |
| Mother's Maiden Name              |             |                 |   |               |      | Mother's Birthplace     |
| Name of person giving Information |             |                 |   |               |      | How related to deceased |

CAUSES OF DEATH

|  |  |                                   |
|--|--|-----------------------------------|
| Primary  | Pulmonary Tuberculosis                           | How long                          |
| Immediate  | Asphyxia   | Don't Know<br>How long            |
| Are the name, age, sex, color, date and place correctly given above? | yes -  | Signature of Physician<br>Address |
| Accident or Suicide?   | S.G. Alexander,<br>Deal Island,<br>Somerset Co - |                                   |

PHYSICIAN  
OR CORONER



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                |                         |                |   |               |       |
|-----------------------------------|----------------|-------------------------|----------------|---|---------------|-------|
| Joshua Hayward                    |                |                         |                | CERTIFICATE OF DEATH                    |               |       |
| Died at                           | Crusfield      | Town                    | Somerset       | County                                  | MARYLAND      |       |
| Date of death                     | 1905           | Month                   | July           | Day                                     | 30            | Years |
| Age                               | 70             | Color or Race           | Blk            | Months                                  |               | Days  |
| Sex                               | Male           | Occupation              | Labourer       | Birth-place                             | do            |       |
|                                   |                |                         |                | Where Residing if not at place of death | Crusfield and |       |
| Married, Single or Widowed        | Married        | Name of Wife or Husband | Lizzie Hayward | Father's Name                           |               |       |
| Mother's Maiden Name              |                |                         | (U) 14         | Mother's Birthplace                     |               |       |
| Name of person giving Information | Lizzie Hayward | How related to deceased | wife           |   |               |       |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|           |                              |          |
|-----------|------------------------------|----------|
| Primary   | Chronic dysentery & Cystitis | How long |
| Immediate | Asthma                       | How long |

Are the name, age, sex, color, date and place correctly given above?

yes

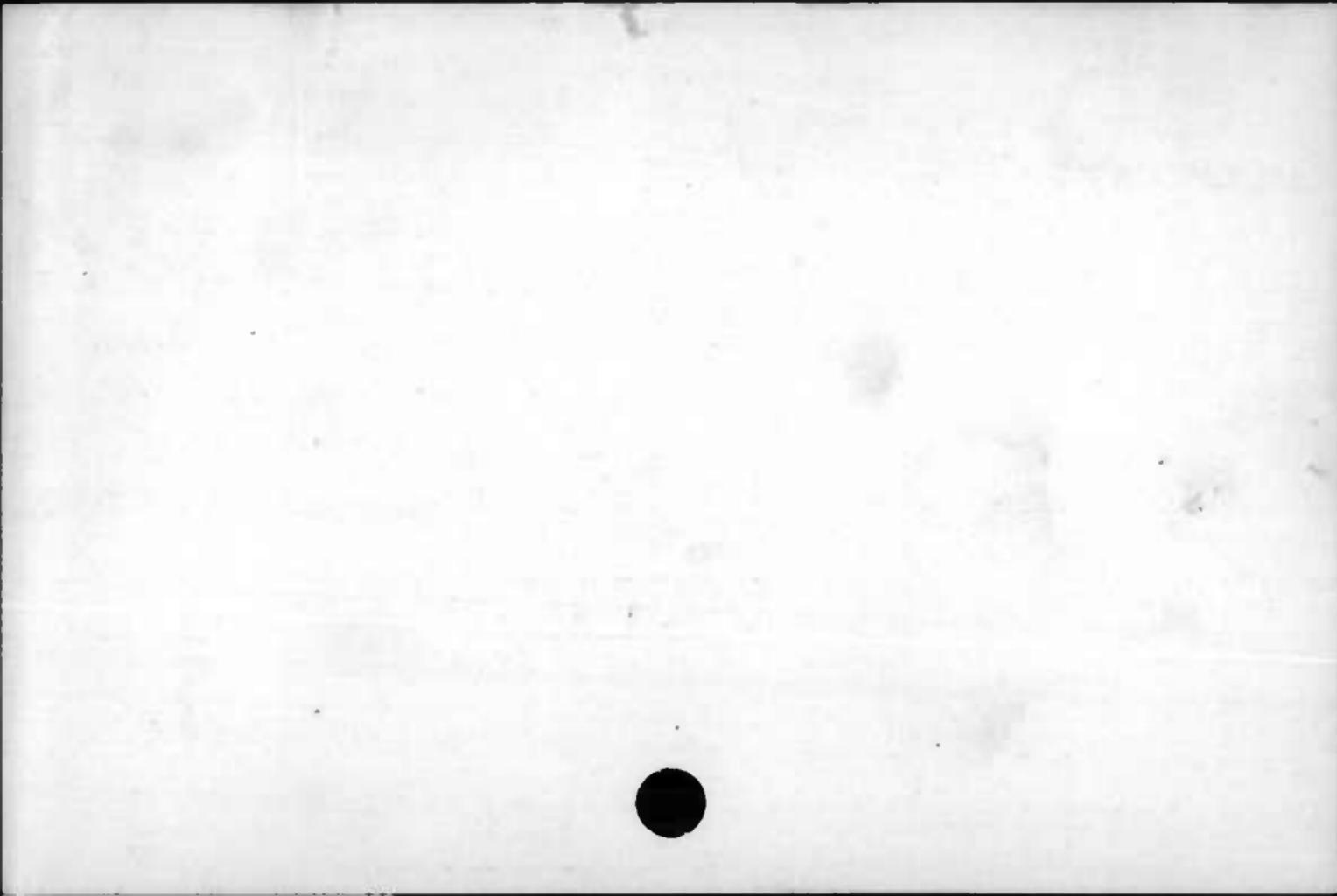
Signature of Physician

Wm H Coulborn

Address

Crusfield and

Accident or Suicide?



Name  
in  
Full

No name

Horsey

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

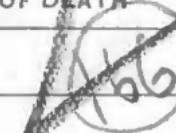
PHYSICIAN  
OR CORONER

|                                   |   |               |         |             |            |                         |
|-----------------------------------|---|---------------|---------|-------------|------------|-------------------------|
| Died at                           | Town                                    |               | County  |             | MARYLAND   |                         |
| Date of death                     | Month                                   | Day           | Years   | Months      | Days       |                         |
| Sex                               | Male                                    | Color or Race | Colored | Birth-place | Marion 2nd |                         |
| Occupation                        | Where Residing if not at place of death |               |         |             |            |                         |
| Married, Single or Widowed        | Name of Wife or Husband                 |               |         |             |            |                         |
| Father's Name                     | Elijah Horsey                           |               |         |             |            | Father's Birthplace     |
| Mother's Maiden Name              | Eliza Taylor                            |               |         |             |            | Mother's Birthplace     |
| Name of person giving information | Elijah Horsey                           |               |         |             |            | How related to deceased |

CAUSES OF DEATH

Primary

Head face



How long

2 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Elijah Horsey (Father)  
Marion Sla

Accident or Suicide?

No physician in attendance!

2nd



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary D Johnson

7/5/1905

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Mr. Vernon

Sonarct

Date  
of death

1905

Month

July

Day

5

Years

53

Months

3

Days

15

Age

53

Sex

Female

Color or  
Race

White

Birth-  
place

Mr. Vernon

Occupation

Housework

Where Residing if not  
at place of death

Mr. Vernon

Married, Single  
or Widowed

Name of  
Husband

George W Johnson

Father's  
Name

Isaphraham Hurnis

Father's  
Birthplace

Mr. Vernon

Mother's  
Maiden Name

does not

Mother's  
Birthplace

Husband

Name of person giving  
Information

G.W. Johnson

How related  
to deceased

Husband

CAUSES OF DEATH

Primary

Oculated Stomach

How long

6 Months

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

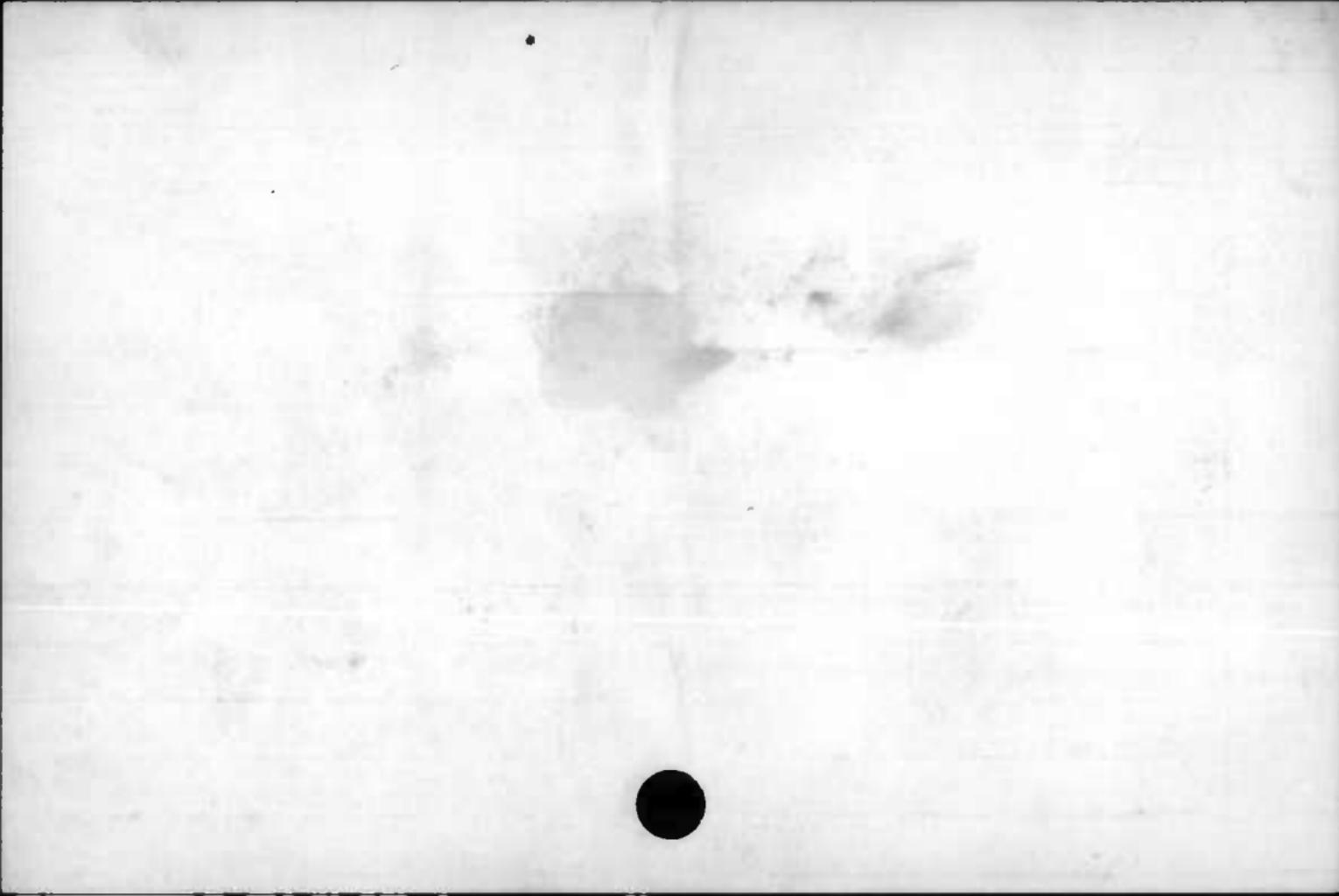
Yes

Signature of  
Physician

Address

Accident or Suicide?

✓



Name  
in  
Full

Norman Carter Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |             |             |                         |              |
|-----------------------------------|---|-------------|-------------|-------------------------|--------------|
| Died at                           | Town                                    | County      | MARYLAND    |                         |              |
| Died at                           | Palke's Road                            | Somerset Co | Years       | Months                  | Days         |
| Date of death                     | Month                                   | Day         | Age         | 16                      |              |
| Sex                               | Color or Race                           | Colored     | Birth-Place | Palke's Road            |              |
| Occupation                        | Where Residing if not at place of death |             |             | "                       | "            |
| Married, Single or Widowed        | Name of Wife or Husband                 |             |             |                         |              |
| Father's Name                     | David Jones                             |             |             | Father's Birthplace     | Palke's Road |
| Mother's Maiden Name              | Lizzy Jones                             |             |             | Mother's Birthplace     | " "          |
| Name of person giving information | David Jones                             |             |             | How related to deceased | father       |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|           |  |          |
|-----------|--|----------|
| Primary   |  | How long |
| Immediate |  | How long |

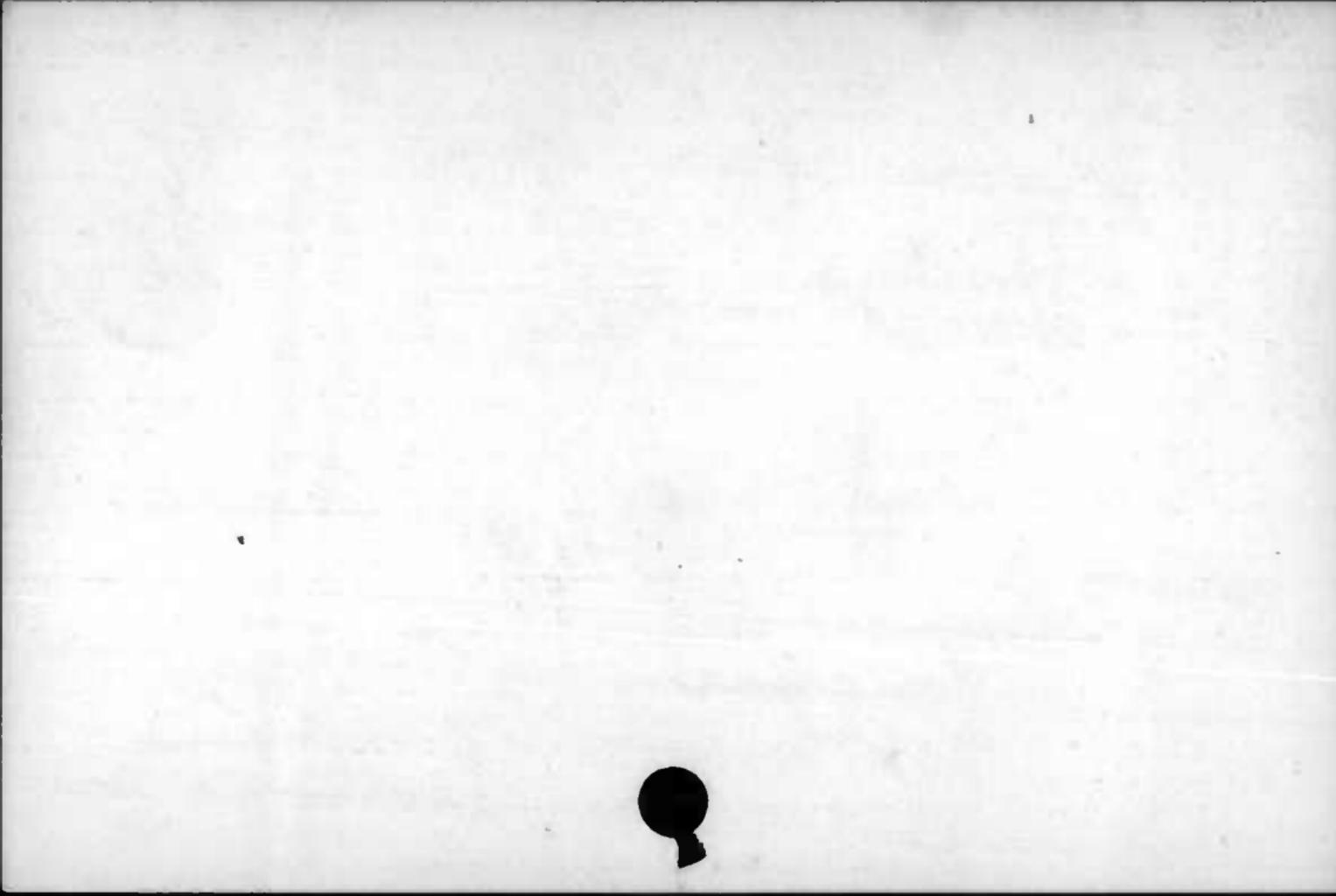
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Accident or Suicide?



no Doctor  
Jep. J. Dennis Undertaker



Name  
in  
Full

Mary Kusey

CERTIFICATE OF DEATH

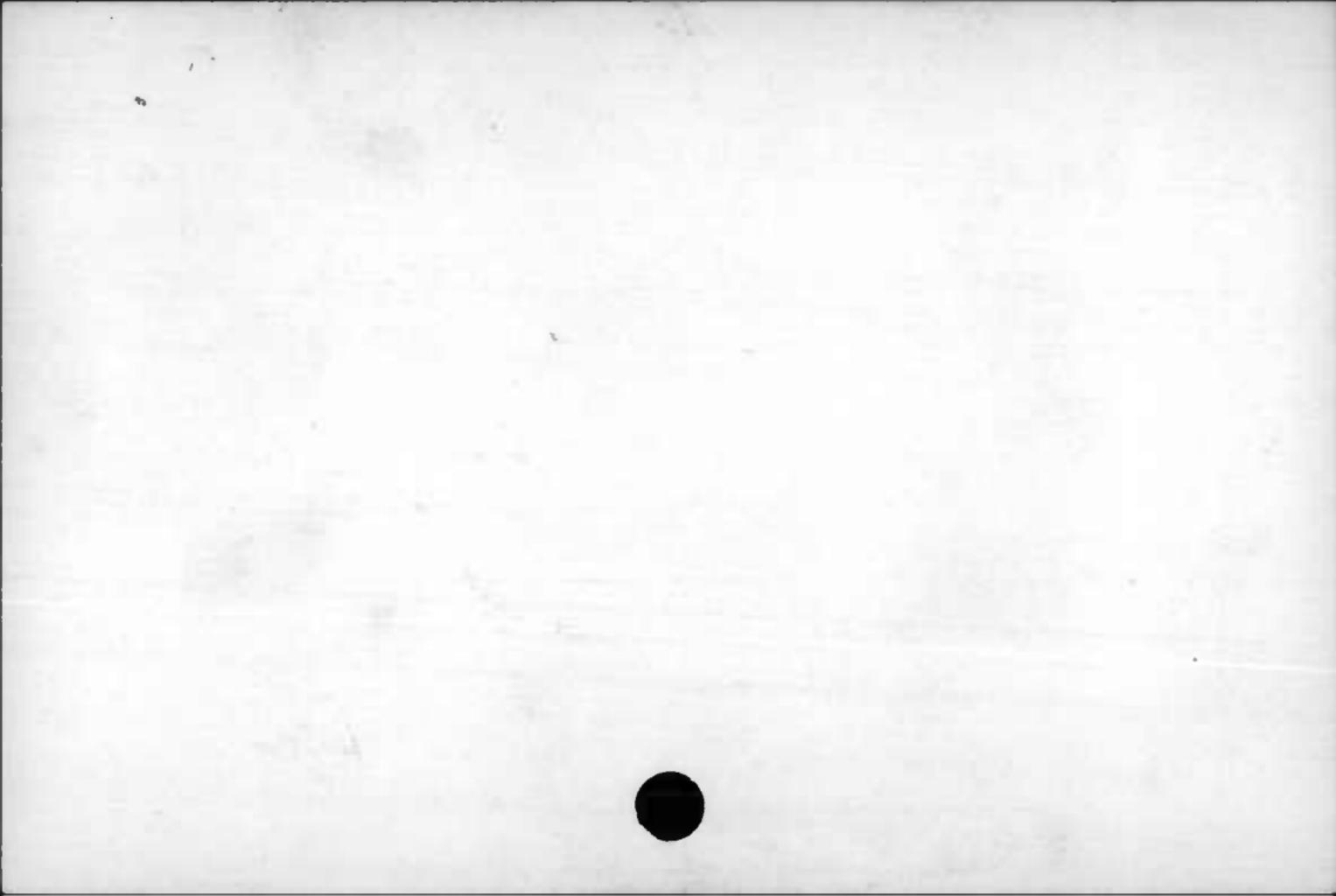
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

|                                   |   |            |          |        |      |
|-----------------------------------|---|------------|----------|--------|------|
| Died at                           | Town                                    | County     | MARYLAND |        |      |
| Date of death                     | Month                                   | Day        | Years    | Months | Days |
| Sex                               | Color or Race                           | Age        |          |        |      |
| Occupation                        | Where Residing if not at place of death |            |          |        |      |
| Married, Single or Widowed        | Name of Husband                         | Mary Kusey |          |        |      |
| Father's Name                     | Chas Manuel                             |            |          |        |      |
| Mother's Maiden Name              | How long to decease                     |            |          |        |      |
| Name of person giving information | Pulmonary Emphysema                     |            |          |        |      |

CAUSES OF DEATH

|  |                     |                 |
|--|---------------------|-----------------|
| Primary  | Pulmonary Emphysema | How long        |
| Immediate  | Collapse            | 2 weeks         |
| Are the name, age, sex, color, date and place correctly given above? |                     | How long        |
| Yes  |                     | 2 days          |
| Signature of Physician   |                     | J. M. Milson    |
| Address  |                     | Poplar Bluff Mo |
| Accident or Suicide?   |                     | n               |



Name  
in  
Full

Katie Pauline Perry

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

|                                   |               |   |          |         |          |                         |
|-----------------------------------|---------------|---|----------|---------|----------|-------------------------|
| Died at Fairmount                 |               | Town                                    | Somerset |         | County   |                         |
| Date of death                     | 1905          | Month 7                                 | Day 3    | Years 1 | Months 4 | Days "                  |
| Sex                               | Color or Race | Bek                                     |          |         |          | Birth-place             |
| Occupation                        |               | Where Residing if not at place of death |          |         |          |                         |
| Married, Single or Widowed        |               | Name of Wife or Husband                 |          |         |          |                         |
| Father's Name                     | Isaac Perry   |   |          |         |          | Father's Birthplace     |
| Mother's Maiden Name              | Emma Hall     |   |          |         |          | Mother's Birthplace     |
| Name of person giving information | Isaac Perry   |   |          |         |          | How related to deceased |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

4 Mo

Immediate

How long

"

Are the name, age, sex, color, date and place correctly given above?

yes

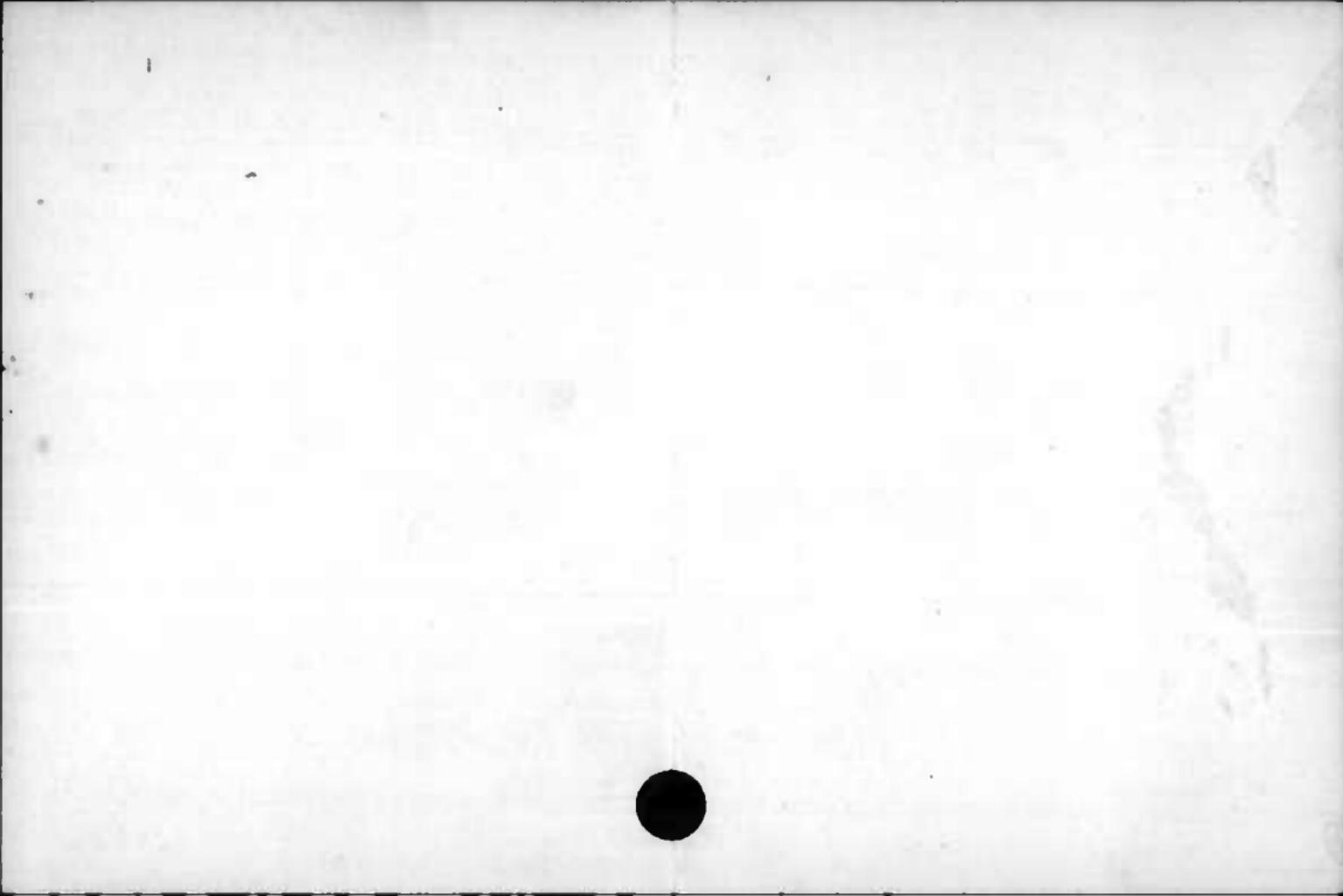
Signature of Physician

Address

J. E. Maloney, M.D.

Upper Fairmount  
Md.

Accident or Suicide?



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Frederick Wilson Ratledge

## CERTIFICATE OF DEATH

MARYLAND

Died at West P.D.

County

Date of death 1905 July

Month 3

Years

Months 2

Days 28

Age

Sex male

Color or Race

white

Birth Place

Somerset Co., Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Father's Name

John McMichael Ratledge

Father's Birthplace

Delaware

Mother's  
Maiden Name

Josie Hopkins

Mother's Birthplace

Maryland

Name of person giving  
Information

John McMichael Ratledge

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Chorea infantum

(10)

How long

1 week

Immediate

Collapse

How long

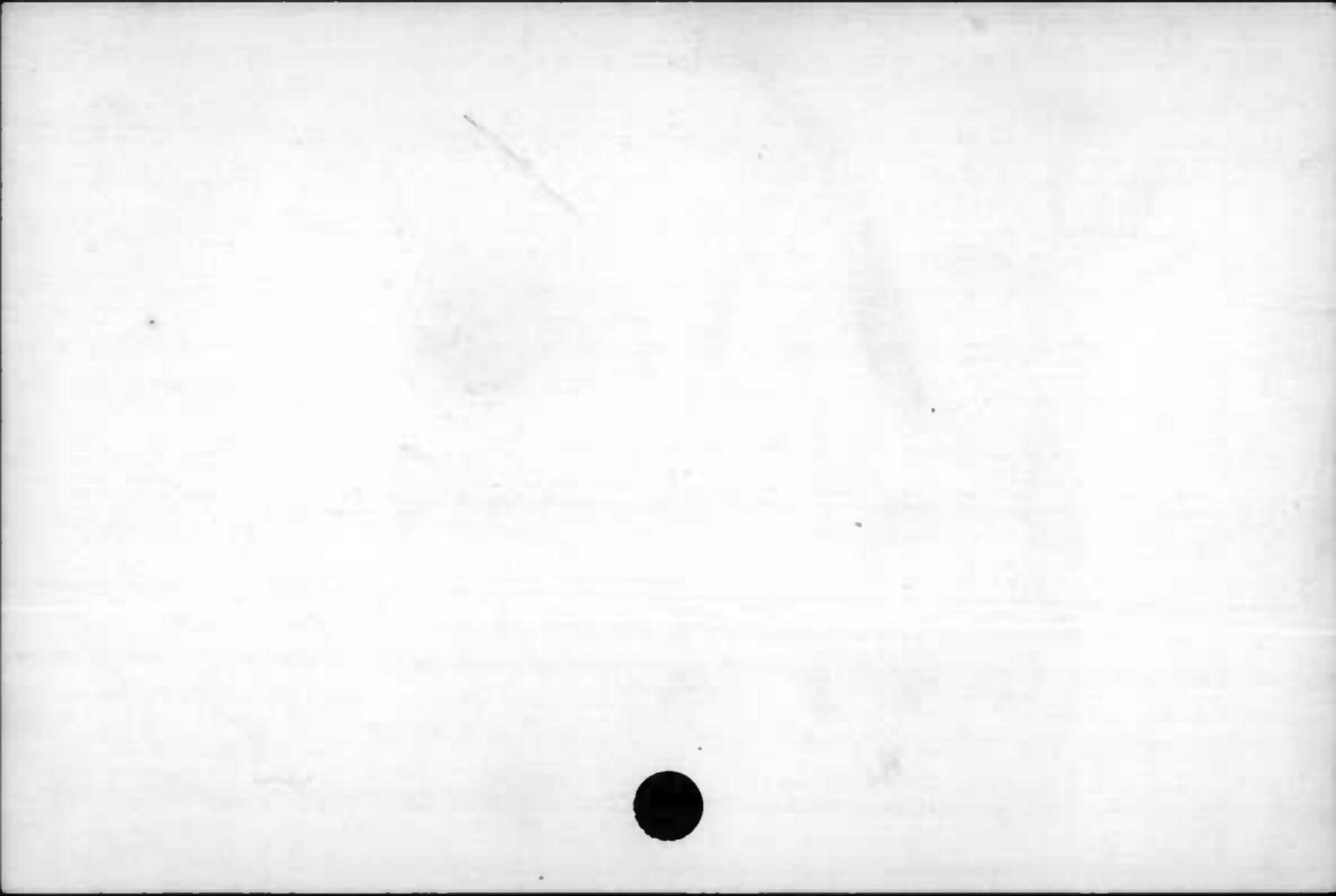
24 hrs

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J. Wilson  
Pocomoke, Md.

Accident or Suicide?



Name  
in  
Full

Frances Roberts

CERTIFICATE OF DEATH

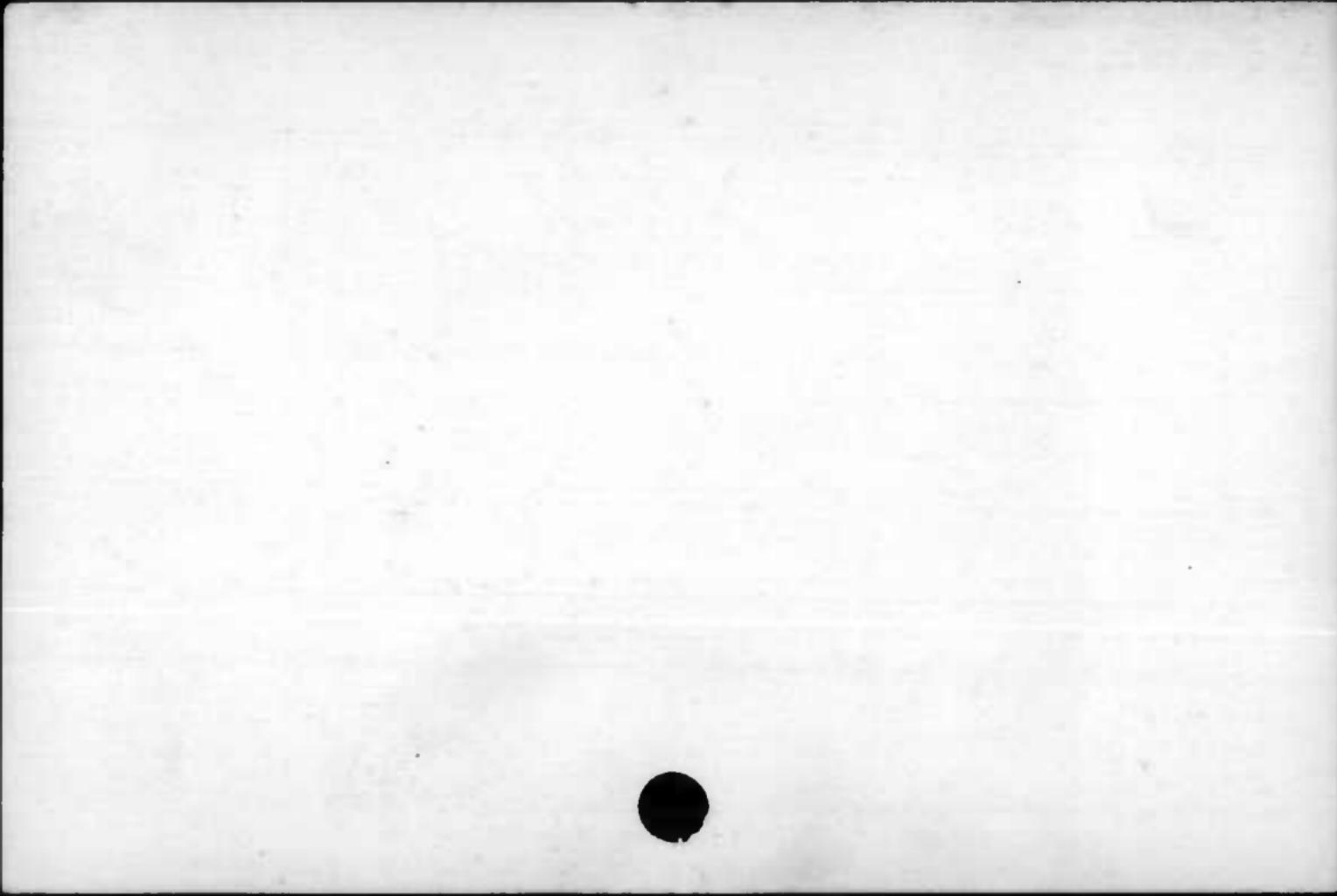
TO BE ANSWERED BY  
NEAREST FRIEND

|  |                         |   |             |
|--|-------------------------|---|-------------|
| Town   | County                  | MARYLAND                                |             |
| Died at Dublin Dist                              | Somerset                | Months                                  | Days        |
| Date of death 1905                               | Month July              | Day 24 <sup>th</sup>                    | Years       |
| Age  | 10                      | Birth-place                             | Dublin Dist |
| Sex Male   | Color or Race colored   | Where Residing if not at place of death |             |
| Occupation seafar                                |                         |   | - - -       |
| Married, Single or Widowed Single                | Name of Wife or Husband | Somerset Co                             |             |
| Father's Name Michael Roberts                    | Father's Birthplace     |   |             |
| Mother's Maiden Name Besie Landmy                | Mother's Birthplace     |   | "           |
| Name of person giving information Elean Atkinson | How related to deceased |   | neighbor    |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                                |
|--|--------------------------------|
| Primary Malaria and Drunkenness  | How long 3 weeks               |
| Immediate Collapse   | How long                       |
| Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician         |
|  | Address                        |
| Accident or Suicide?   | Samuel Queen<br>Crommehale New |



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Samuel Scott Jr  
Died at Town Ken Poconoski City, Somerset County

CERTIFICATE OF DEATH

MARYLAND

|   |   |                         |       |          |      |
|---|---|-------------------------|-------|----------|------|
| Date of death 1905                            | Month July                                | Day 11                  | Years | Months 9 | Days |
| Sex Male                                      | Color or Race White                       | Birth-place Somerset Co |       |          |      |
| Occupation -                                  | Where Residing if not at place of death - |                         |       |          |      |
| Married, Single or Widowed -                  | Name of Wife or Husband -                 |                         |       |          |      |
| Father's Name Samuel Scott                    | Father's Birthplace Somerset Co           |                         |       |          |      |
| Mother's Maiden Name Kettie Howith            | Mother's Birthplace Somerset Co           |                         |       |          |      |
| Name of person giving information R. H. Haell | How related to deceased Son               |                         |       |          |      |

CAUSES OF DEATH

Primary

Acute Irritation

How long 10 Dogs

Immediate

Iled Colitis

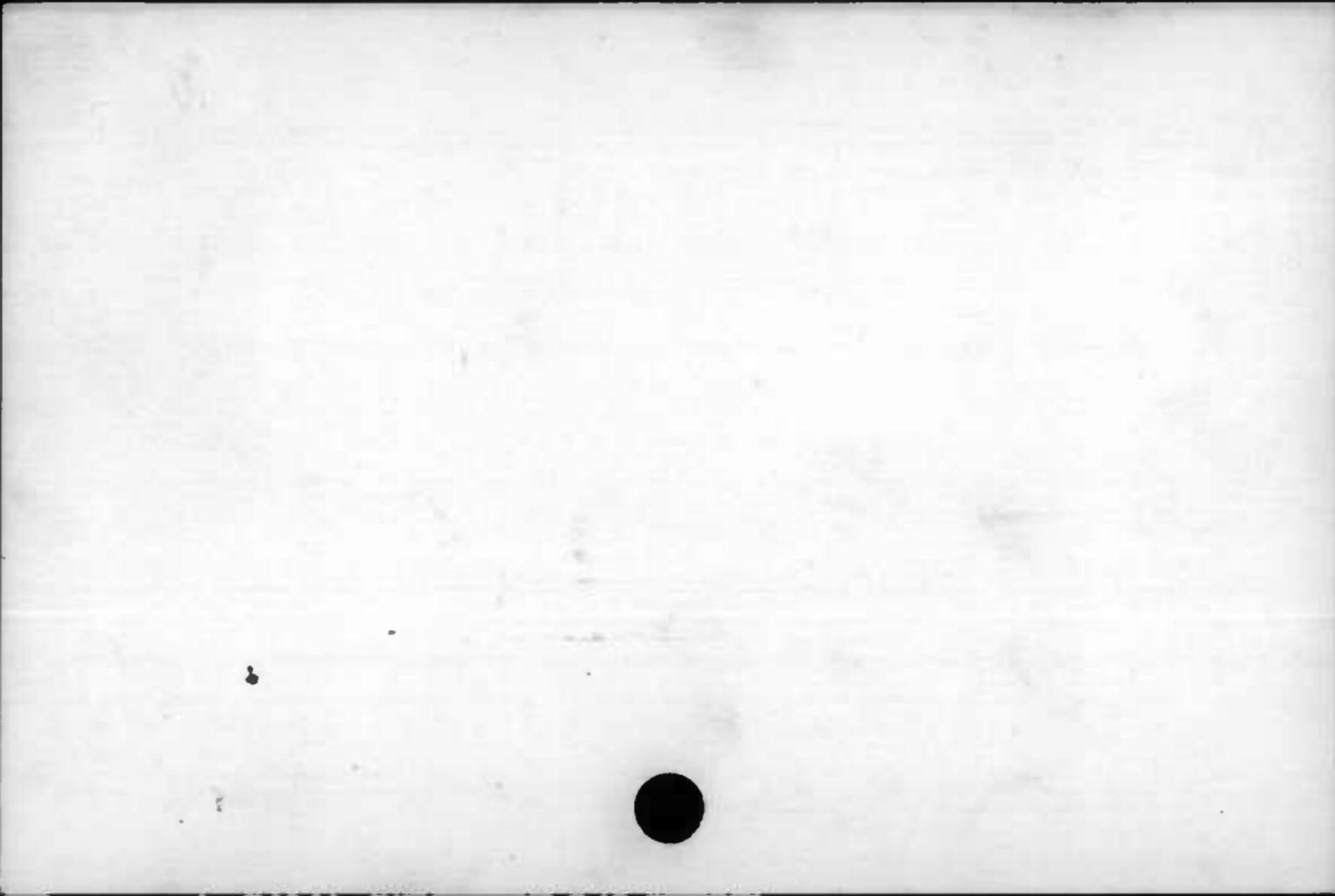
How long 7 Dogs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

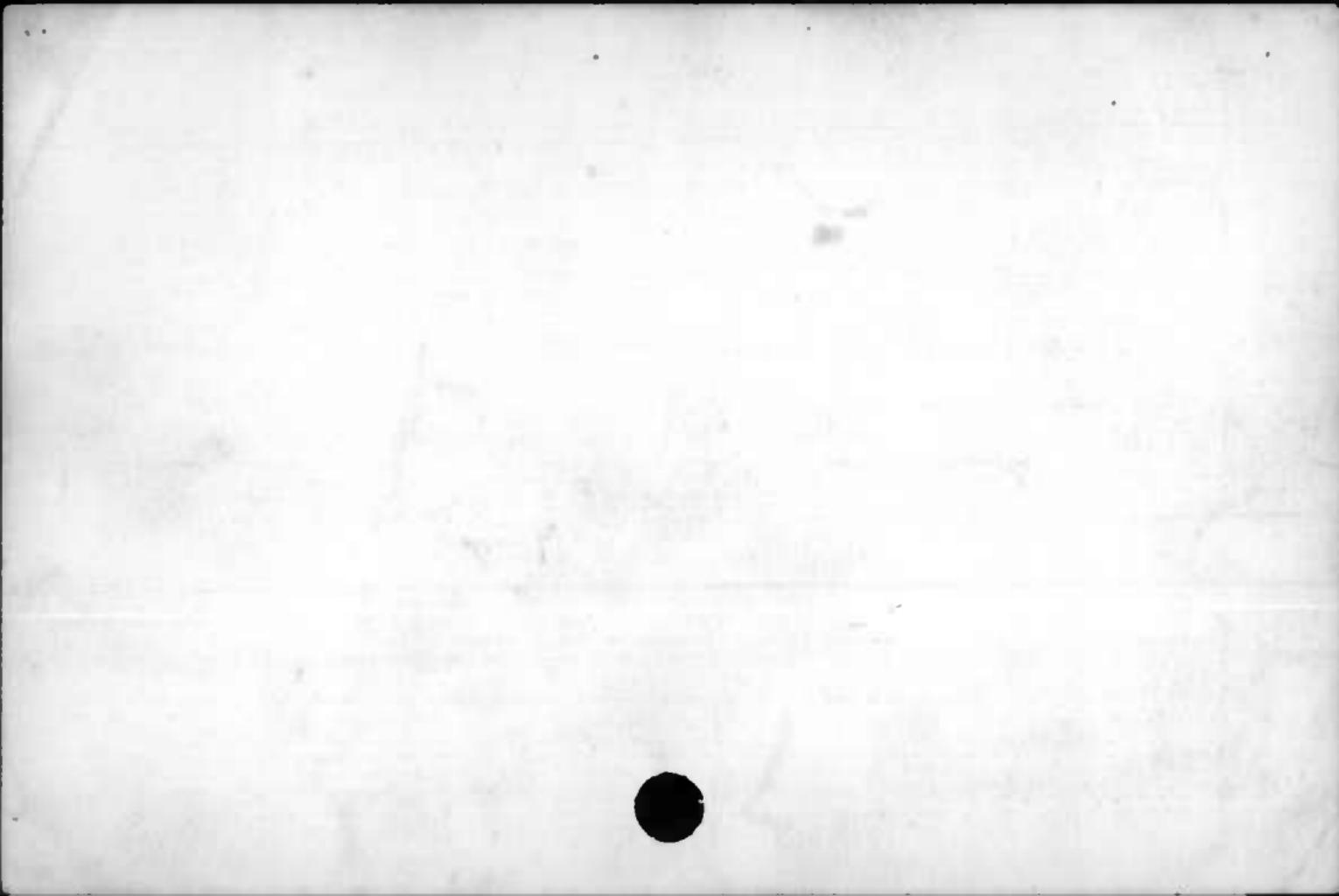


Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

| Died at  | Town                                    | County | MARYLAND                      |                         |      |
|--|---|--------|-------------------------------|-------------------------|------|
| Date of death  | Month                                   | Day    | Years                         | Months                  | Days |
| Sex  | Color or Race                           | Age    | Birthplace                    |                         |      |
| Occupation   | Where Residing if not at place of death |        |                               | Place of death          |      |
| Married, Single or Widowed   | Name of Wife or Husband                 |        |                               |                         |      |
| Father's Name  | Don't Know                              |        |                               | Father's Birthplace     |      |
| Mother's Maiden Name   | "                                       | "      | Mother's Birthplace           |                         |      |
| Name of person giving Information                                    | Hester E. Johnson                       |        |                               | How related to deceased |      |
| CAUSES OF DEATH  |   |        |                               |                         |      |
| Primary  | Dropsy                                  |        |                               | How long                |      |
| Immediate  | S. Evans                                |        |                               | How long                |      |
| Are the name, age, sex, color, date and place correctly given above? |   |        | Signature of Physician        | Kester E. Johnson       |      |
|  |   |        | Address                       | Troll's Corner          |      |
| Accident or Suicide?   |   |        | No physician in attendance Md |                         |      |



Name  
in  
Full

Bertha Jane Vitra

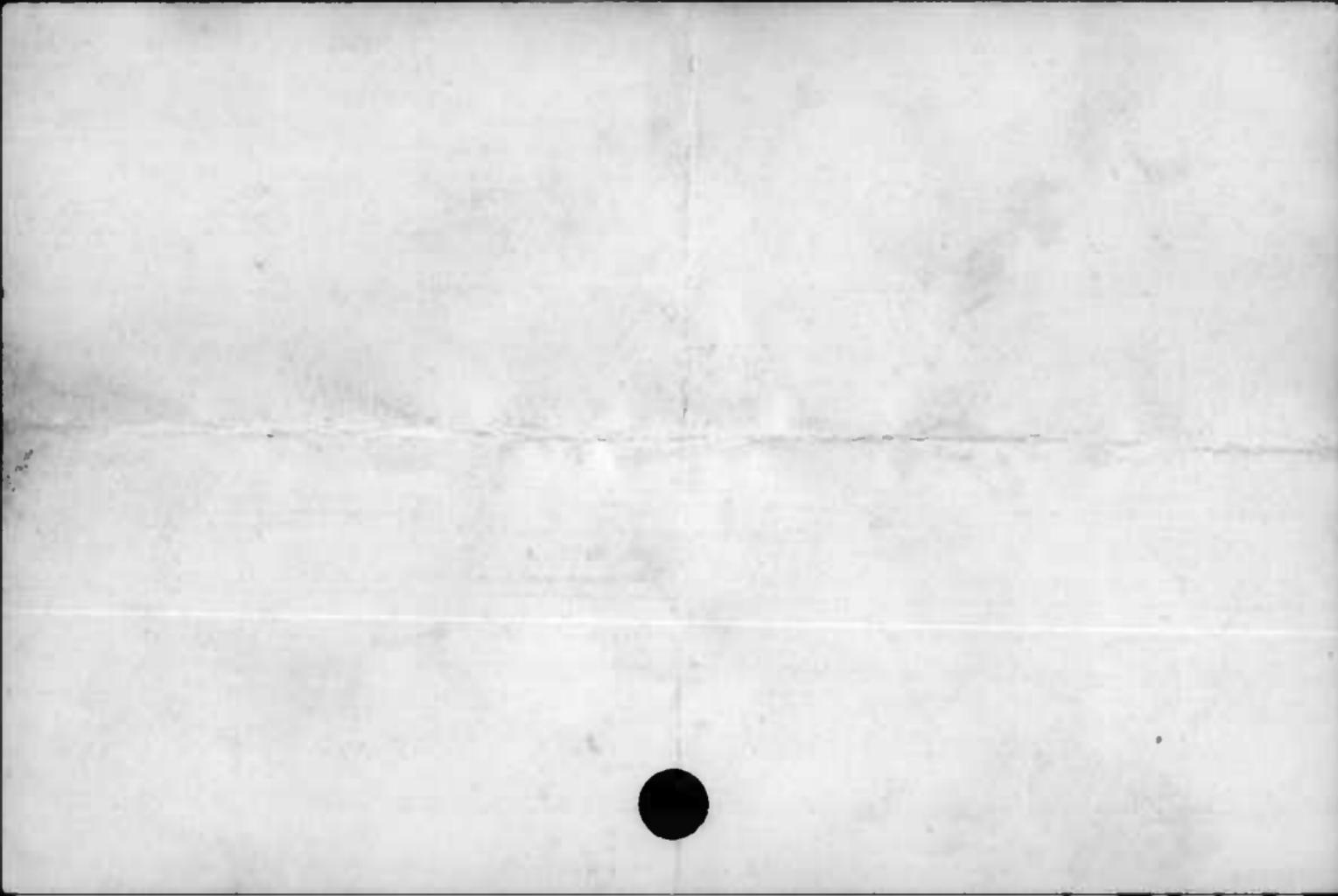
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |   |        |          |                 |                                |          |  |
|---|---|--------|----------|-----------------|--------------------------------|----------|--|
| Died at 2010 Fernway, Md.                     |   | Town   |          | County          |                                | MARYLAND |  |
| Date of death 1905                            | Month July                              | Day 14 | Years 16 | Age 16          | Months 11                      | Days -   |  |
| Sex Female                                    | Color or Race white                     |        |          | Birth-place Md. |                                |          |  |
| Occupation Housework                          | Where Residing if not at place of death |        |          |                 |                                |          |  |
| Married, Single or Widowed Single             | Name of Wife or Husband -               |        |          |                 | Father's Birthplace Md.        |          |  |
| Father's Name John Pittman Vitra              |   |        |          |                 | Mother's Birthplace Md.        |          |  |
| Mother's Maiden Name Olivia B Webster         |   |        |          |                 | How related to deceased Father |          |  |
| Name of person giving information J. L. Vitra |   |        |          |                 |                                |          |  |
| CAUSES OF DEATH                               |   |        |          |                 |                                |          |  |

PHYSICIAN  
OR CORONER

|  |                           |
|--|---------------------------|
| Primary Pulmonary Tuberculosis   | How long Between 7+8 mos. |
| Immediate Severe Asthma & Cardiac failure                                | How long About 2 days.    |
| Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician    |
|  | Address                   |
| Accident or Suicide?   |                           |



Name  
in  
Full

Minta V. White

CERTIFICATE OF DEATH

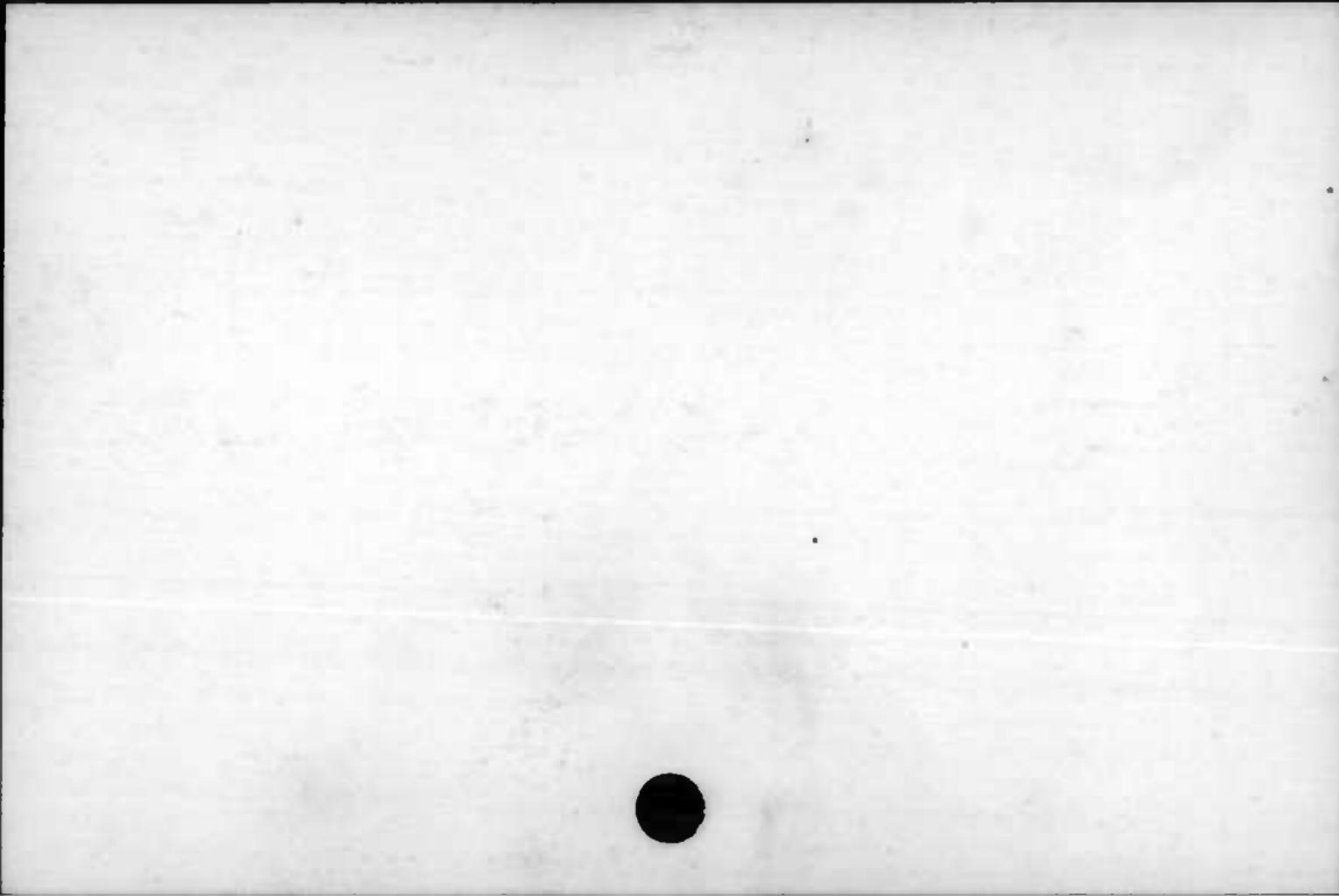
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                                  |         |          |        |
|-----------------------------------|---|----------------------------------|---------|----------|--------|
| Died at                           | Town                                    | County                           |         | MARYLAND |        |
| Date of death 1908                | Month July                              | Day 16th                         | Years 1 | Months   | Days 4 |
| Sex Female                        | Color or Race white                     | Birth-place Somerset Co.         |         |          |        |
| Occupation                        | Where Residing if not at place of death |                                  |         |          |        |
| Married, Single or Widowed        | Name of Wife or Husband                 |                                  |         |          |        |
| Father's Name                     | Joseph D. White                         | Father's Birthplace Somerset Co. |         |          |        |
| Mother's Maiden Name              | Mary V. Webster                         | Mother's Birthplace Somerset Co. |         |          |        |
| Name of person giving information | Joseph D. White                         | How related to deceased Father   |         |          |        |

CAUSES OF DEATH

|  |               |                        |   |
|--|---------------|------------------------|---|
| Primary  | Allo- Colitis | 105                    | How long 12 years                                   |
| Immediate  | Bulimia       |                        | How long  |
| Are the name, age, sex, color, date and place correctly given above? |               | Signature of Physician |   |
| Yes  |               | Address                | Mr. Sunderland<br>Dames Quister<br>Somerset Co. Md. |
| Accident or Suicide?   |               |                        |   |

PHYSICIAN  
OR CORONER



Name  
in  
Full

S Whittington

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                         |   |                         |              |              |  |
|-----------------------------------|-------------------------|---|-------------------------|--------------|--------------|--|
| Died at                           | Tullo Corner            |   | County                  | MARYLAND     |              |  |
| Date of death                     | Month                   | Day                                     | Years                   | Months       | Days         |  |
| 1905                              | July                    | 8                                       | Age one                 | 9            | 8            |  |
| Sex                               | Female                  | Color or Race                           | colored                 | Birth-place  | Tullo Corner |  |
| Occupation                        | none                    | Where Residing if not at place of death |                         |              | Tullo Corner |  |
| Married, Single or Widowed        | Name of Wife or Husband |   |                         |              |              |  |
| Father's Name                     | Peter Whittington       |   | Father's Birthplace     | Tullo Corner |              |  |
| Mother's Maiden Name              | Sarah Whittington       |   | Mother's Birthplace     | Tullo Corner |              |  |
| Name of person giving Information | Hester E Johnson        |   | How related to deceased | none         |              |  |

CAUSES OF DEATH

PHYSICIAN OR CORONER

|  |           |                            |                 |
|--|-----------|----------------------------|-----------------|
| Primary  | Warms     | How long                   | weak            |
| Immediate  | Strangled | How long                   | -               |
| Are the name, age, sex, color, date and place correctly given above? |           | Signature of Physician     | Peter E Johnson |
|  |           | Address                    | Tullo Corner    |
| Accident or Suicide?   |           | No physician in attendance |                 |

